Perceived quality of life, experiences of (healthcare) stigma, and viral load differences among people living with HIV in German cities and states: A community perspective based on the positiveVoices 2.0 survey

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• And the many volunteers and participants
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  • ViiV

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HIV is more than the cascade

Abb. 3: Versorgungskaskade in Deutschland im Jahr 2020: Anteile der Menschen mit HIV, die diagnostiziert, behandelt und erfolgreich behandelt werden.


### Stigma data on a national level

<table>
<thead>
<tr>
<th></th>
<th>Mental health</th>
<th></th>
<th>Self-rated health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\beta$</td>
<td>$B$</td>
<td>$\text{Std F}$</td>
<td>$T$</td>
</tr>
<tr>
<td>Experienced HIV stigma</td>
<td>0.192</td>
<td>0.146</td>
<td>0.024</td>
<td>6.058</td>
</tr>
<tr>
<td>Internalized HIV stigma</td>
<td>0.390</td>
<td>1.709</td>
<td>0.146</td>
<td>11.742</td>
</tr>
<tr>
<td>Adversarial growth</td>
<td>$-0.106$</td>
<td>$-0.427$</td>
<td>0.121</td>
<td>$-3.527$</td>
</tr>
</tbody>
</table>

Coefficients in bold are significant at the 0.001 level. All models are adjusted for age, gender, education, sexual orientation, and time since HIV diagnosis (entered as block 1).
Relevant indicators for well-being and mental health – registry data and PRIs/community perspectives

• HIV cascade data

• Stigma and discrimination
  • Friends/partners, family, professional contexts
  • Healthcare context

• Processing the seroconversion, e.g. feelings of guilt
• General self-evaluation
• Healthcare access
Historical and SEP divides

- Former East Germany (blue)
- SEP divide
- Larger surface area states
  - With high urban density e.g. NRW
  - With low urban density e.g. Lowersaxony
Main comparisons

• Eastern vs. Western German states
• SEP effect/North-South divide

• Density: Urban vs. Non-urban (less than 500k residents)
• Composite score: large surface area states with few urban areas
• Berlin effect (Berlin 17.3% of the sample vs. rest of the country)
Positive voices 2.0 – German data

- Module B – online survey, collected between June and Oct. 2020
  - Mean age 46 years
  - N = 121 female PHIV (people living with HIV)
  - N = 798 male PLHIV (84% Men who have sex with men; MSM)
  - 11% HIV age of <2 years
  - 18% HIV age of 20+ years
Variables assessed

- Viral load
- TasP knowledge/trust
- Stigma
- Feelings of guilt
- General self-evaluation
- Discrimination in Healthcare contexts/Healthcare access
Viral load

• No East-West effect
• No SEP effect
• Density effect

<table>
<thead>
<tr>
<th></th>
<th>under 500k</th>
<th>above 500k</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undetectable</td>
<td>418</td>
<td>435</td>
</tr>
<tr>
<td>Detectable</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>Unknown</td>
<td>8</td>
<td>3</td>
</tr>
</tbody>
</table>

Chi² = 9.71, p = .008
Stigma, guilt and general self evaluation

- No SEP North/South effect
- Small East-West differences
- “Berlin effect“ and composite score (non-urban/large states vs. rest) most pronounced
  \[ F(1,864) > 7.75, \ p < .006, \text{ all simple main effects } p < .004 \]
Healthcare discrimination and access

- No SEP North/South effect
- Small East/West and Berlin effect
- Most pronounced for the composite score (non-urban/large states vs. rest)
  \[ F(1,894)=12.62, \ p<.001 \]
Summary

• We need indicators beyond cascade data
• Geo-spatial data beyond national data can inform about well-being/mental health and livelihood disparities

• For the German context:
  • Overall, very positive data
  • Large urban areas (Berlin, Cologne) score best
  • Largest disparities in non-urban areas in large surface states